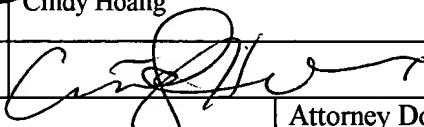


#10 / R.T.  
2/8

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, Washington, D.C. 20231 on this date.

Typed or Printed Name: Cindy Hoang

Signature: 

Signature	Date	12-28-2001
<b>SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT</b> Address to: Commissioner for Patents Washington, D.C. 20231		
Attorney Docket: UCSF085CIP First Named Inventor: Nadel et al. Application Number: 09/616,223 Filing Date: July 14, 2000 <b>FEB 06 2002</b> Group Art Unit: 1635 Examiner Name: Zara, J. <b>TECH CENTER 1600/2000</b> Title: "Preventing airway mucus production by administration of EGF-R antagonists"		

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. This is being filed *after* three months of the filing date of this national application or the date of entry of the national stage as set forth in §1.491 in an international application or *after* the mailing date of the first Office Action on the merits, whichever event occurred last but *before* the mailing date of either a final action under §1.113 or a notice of allowance under §1.311, whichever occurs first.

A Form PTO-1449 listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

- All of the references identified herein are being submitted prior to the final determination on patentability by the Office.
- All of the references identified herein were cited in an International (PCT) Search Report dated \*, in a PCT application corresponding to the above-identified U.S. application. A copy of the Search Report, including an indication of the purported relevance of the cited documents, is enclosed herewith. Copies of the references are submitted herewith.
- All of the references identified herein were disclosed in parent application Serial No. \* and, as such, copies thereof are not included pursuant to the provisions of 37 C.F.R. §1.98(d), except as noted below.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

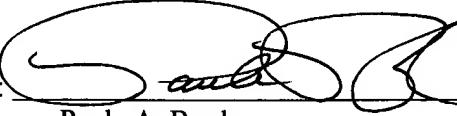
09616223  
02/05/2002 YPOLITE1 00000022 500813  
01 FC:126 180.00 CH

The appropriate certification under 37 C.F.R. §1.97(e) accompanies this paper.

- X Please charge the \$180.00 fee required by 37 C.F.R. §1.97(c) and set forth in 37 C.F.R. 1.17(p) and any additional fees which may be required by this paper or any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21, or to credit any overpayment, to Deposit Account No. 50-0815.

Respectfully submitted,  
BOZICEVIC, FIELD & FRANCIS LLP

Date: Dec. 28, 2001

By:   
Paula A. Borden  
Registration No. 42,344

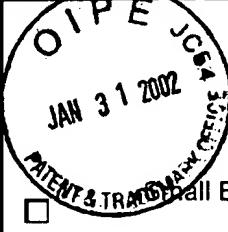
BOZICEVIC, FIELD & FRANCIS LLP  
200 Middlefield Road, Suite 200  
Menlo Park, CA 94025  
Telephone: (650) 327-3400  
Facsimile: (650) 327-3231

F:\DOCUMENT\UCSF\085cip\IDS after 1st OA.rtf

## CERTIFICATE OF MAILING

1635/11

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C. 20231.

Name (Print/Type)	Cindy Hoang	Signature	<i>Cindy Hoang</i>	Date	12-28-2001	
 <p style="text-align: center;"><b>TRANSMITTAL</b></p> <p><input checked="" type="checkbox"/> Large Entity</p>			Application Number	109/616,223		
			Confirmation Number	7019		
			Filing Date	July 14, 2000		
			First Named Inventor	NADEL		
			Examiner	J. Zara		
			Group Art	1635		
			Attorney Docket No.	UCSF085CIP		
ENCLOSED:	Claims	No. of claims as most claims filed or after amendment	RECEIVED FEB 06 2002	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule  <input type="checkbox"/> 37 CFR § _____ <input type="checkbox"/> Pages _____	Total				\$ -	
	Independent		TECH CENTER 1600	12900	\$ -	
	Multiple					
	Total Extra Claim Fees				\$ -	
<input type="checkbox"/> Applicants Petition for an Extension of time from _____ to _____	A month extension was previously filed and paid for thereby reducing the basic fee					Fee
<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)						
<input type="checkbox"/> Filing Fee						Fee _____
<input type="checkbox"/> Executed Declaration	Pages _____					Surcharge Fee _____
<input type="checkbox"/> Other _____						Fee _____
						Fee _____
						Fee _____
						Fee _____
						Subtotal \$ -
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)						
<input checked="" type="checkbox"/> PTO Form 1449	Pages 1					
<input checked="" type="checkbox"/> 1 Copies of Cited References						
<input type="checkbox"/> Other _____						Fee \$180.00
						Subtotal \$ 180.00
<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)						
<input type="checkbox"/> Sequence Listing Certification						
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____					
<input type="checkbox"/> Diskette in computer-readable format						
<input type="checkbox"/> Other _____						Fee _____

<input type="checkbox"/> Terminal Disclaimer	Fee _____		
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____	
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____	
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -	
		Subtotal	\$ -
<input type="checkbox"/> Other Enclosures and/or Fees	Fee _____		
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard	<b>TOTAL FEES</b> \$ 180.00		
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>			
Name (Print/Type)	Paula A. Borden	Registration No.	42,344
Signature		Date	12-28-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
Telephone - Direct Dial	650-327-3400	Facsimile	650-327-3231

Application No. 09/616,223 Attorney Docket No. UCSF085CIP Page 2 of 2